

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-036588

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

ST 29490

XC

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9421

FILED OCT 1 1962

VS 300  
Rev. 4/59

1

3

4 0

5 1

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7 1

8 2

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10

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12 83-0

13

83

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St Louis**Length of stay in 1b  
**5 days**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Vets Adm Hospital**Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTYc. CITY  
OR  
TOWN **Wellston**Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS **6322 Audry**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**Carl H. Pirtle**4. DATE  
OF  
DEATH

Month

Day

Year

**9/30/62**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**11/17/05**

## 9. AGE (last birthday)

**56**

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Mechanic**

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

**Mill Creek, Ill.**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**James Monroe Pirtle**

## 13b. MOTHER'S MAIDEN NAME

**Julia McKinney**

## 14. NAME OF HUSBAND OR WIFE

**Edith Pirtle**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)**Yes****WW II**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

**Edith Pirtle (wife) See 2 above**18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

**Ventricular Tachycardia**INTERVAL BETWEEN  
ONSET AND DEATH  
**30 Min**

## DUE TO (b)

**Myocardial Infarction****30 Min**

## DUE TO (c)

**Coronary Sclerosis****420-1**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. ☒ attended the deceased from **9/26/62** to **9/30/62** and last saw him alive on **9/30/62**Death occurred at **7:25 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

**Albert P. Kovac****MD**

## 22b. ADDRESS

**VAH, St Louis, Mo.**

## 22c. DATE SIGNED

**9/30/62**23a. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

## (State)

**Burial****Oct. 10 1962****National Cemetery****St. Louis, Missouri**

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

**JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.****OCT 2 1962****Paul Smith M.D.**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*M. Ruster*

Licensed Embalmer No. 3980

P. O. Address St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.